

NPM #18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Impact on National Outcome Measures: NPM #18 relates to National Outcome Measures #1 Infant mortality rate, #2 Disparity between Black and White IMR, #3 Neonatal mortality rate, and #5 Perinatal mortality rate. Early entry into prenatal care is associated with improved perinatal outcomes. All of the activities identified below focus on improving key perinatal indicators, including early entry into prenatal care.

a) Report of 2003 Major Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service—Enabling Services—Pregnant women, mothers, infants

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning. For women receiving MCH funded services and represented in SPHERE, 80% (373/466) began prenatal care in the 1st trimester; 16.5% (77/466) in the 2nd trimester; 3% (14/466) in the 3rd trimester; and 0.4% (2/466) received no prenatal care. MCH services were initiated in the 1st trimester for 59.4% (281/473) of participants. Pregnancy intention may influence initiation of care. For 60.6% (128/211) of women receiving MCH funded services, pregnancy was unintended.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

Healthy Babies in Wisconsin: A Call to Action was held in central Wisconsin on July 15, 2003. This statewide summit brought together 240 public health professionals, consumers, health care providers, managed care providers, and representatives from community-based organizations to identify new approaches to improve perinatal outcomes and address disparities. National speakers highlighted promising models and key points:

- A life course perspective which explains racial and ethnic disparities in birth outcomes as the consequences of disadvantages and inequities carried over a lifetime of differential exposures.
- The Perinatal Periods of Risk Model that helps communities identify priority needs and interventions to decrease fetal and infant deaths.
- The role of stress and infections in prematurity.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

Title V MCH/CSHCN Program staff participated in a national Healthy Start meeting, local Healthy Start Consortia meetings and the Families Helping Families Gathering. In addition, there was active participation in the Milwaukee FIMR project and a Prenatal Care Coordination inservice with GLITC. Staff from the Milwaukee Healthy Beginnings Project with the Black Health Coalition and the HOC Project with GLITC served on the planning committee for the Healthy Babies in Wisconsin summit.

b) Current 2004 Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service—Enabling Services—Pregnant women, mothers, infants

See NPM #15

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)—Infrastructure Building Services—Pregnant women, mothers, infants, children, including CSHCN

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

At the Healthy Babies summit, Action Teams formed to support ongoing activities. Five regional teams are meeting to increase collaboration with community partners and plan strategies to improve the health of mothers and babies in Wisconsin. In addition, the statewide action team addressing Racial and Ethnic Disparities in Birth Outcomes was held on May 10, 2004 with 160 participants. Plans are underway for a Native American Action Team.

Follow-up activities are being implemented to increase awareness of adverse pregnancy outcomes and disparities. Examples include:

- A summary of the plenary sessions was published in the Wisconsin Medical Journal and can be accessed at <http://www.wisconsinmedicalsociety.org/uploads/wmj/ACF22E.pdf>.
- Videos, PowerPoint presentations and reports from the summit are posted on the Health Alert Network at www.han.wisc.edu.
- Presentations on prematurity were provided at several Milwaukee sessions by national speaker, Karla Damus, RN, PhD.
- Keynote speaker, Michael Lu, MD, MPH provided follow-up presentations on a life course perspective of racial and ethnic disparities in birth outcomes.
- Medical College of Wisconsin incorporated infant mortality and disparity information in a program for students.

The Healthy Babies Steering Committee identified the following priorities: 1) Increase awareness of infant mortality and disparities in birth outcomes, 2) Identify evidence-based strategies to improve perinatal outcomes and address racial/ethnic disparities, and 3) Provide support for the Action Teams.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

Title V participation continues at national and local Healthy Start Meetings. Representatives from the Milwaukee Healthy Beginnings Project and the HOC Project serve on the Steering Committee for the Healthy Babies initiative. The Milwaukee Healthy Start Project joined the Title V Program to co-sponsor a Statewide Action Team Meeting on Racial and Ethnic Disparities in Birth Outcomes on May 10, 2004.

c) 2005 Plan/Application

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service—Enabling Services—Pregnant women, mothers, infants

See NPM #15

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

See NPM #15

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with five regional action teams and two teams focused on racial and ethnic groups. Grant funding opportunities will be explored with the Wisconsin Partnership Fund for a Healthy Future at the University of Wisconsin Medical School.

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

The Wisconsin Title V Program will continue its commitment to participating in the Healthy Start programs with the Milwaukee Healthy Beginnings Project and the Honoring Our Children with a Healthy Start Project. An important partnership will revolve around ongoing activities related to the Healthy Babies in Wisconsin initiative.